



## *An educated choice*

## CHANGE OF MEMBER INFORMATION FORM

*Please print all information and check all that apply.*

Dear TVTFCU,

I am informing you of a change in my personal information.

Account #

**NEW NAME**

I need a new  Debit Card  Visa Credit Card

NEW ADDRESS

STREET

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### OLD ADDRESS

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STREET

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CITY STATE ZIP CODE

CITY STATE ZIP CODE

#### □ NEW PHONE NUMBER

Home Phone

## Work Phone

Cell

NEW EMAIL

**IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: [MSR@TVTEFCU.ORG](mailto:MSR@TVTEFCU.ORG), BY FAX: 860-253-4785, OR BY POSTAL MAIL.**

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**MEMBER NAME**

MEMBER SIGNATURE

DATE

FOR CREDIT UNION USE ONLY:

Virtual Branch     Health Savings Account (HSA)     Online Bill Pay     Debit Card  
 Visa Credit Card     Portico     Loan Department     Moody's